

Medical Care Advisory Committee (MCAC)

Monday, August 10, 2020

10:00 am – 12:00 pm

MINUTES

MEMBERS/ALTERNATES




Members: Kathleen Bates, Sai Cherala, Lisa DiMartino, Tamme Dustin, Ellen Keith, Dawn McKinney, Paula Minnehan, Sarah Morrison, Kara Nickulas, Ronnieann Rakoski, Marie Ramas, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Nichole VonDette, Michelle Winchester, Heather Young

Excused: Jay Couture

DHHS: Henry Lipman, Alyssa Cohen, Jonathan Ballard, MD, John Williams, Dawn Landry, Sarah Finne, DMD, Shirley Iacopino, Laura Ringelberg, Leslie Melby, Jane Hybsch

Guests: Lisa Adams, Peter Marshall, Nicole St. Hilaire, Deborah Ritsey, Rich Segal, Alex Koutroubis

NH State Triage Committee Crisis, Draft Standards of Care Clinical Guidelines, Jonathan Ballard, MD, Medical Director

Early in the pandemic a stakeholder group met to consider how the state would manage a health care resources shortage. Soon after, Governor Sununu issued Emergency Order #33  to activate the New Hampshire Crisis Standards of Care Plan  and to establish the State Disaster Medical Advisory Committee (SDMAC ). The SDMAC is comprised of state agency officials, legal, medical, and risk management experts, individuals with disabilities, ethicists, and stakeholder group representatives. This group is drafting clinical care guidelines on resource allocation, guidance to health care facilities, and recommendations to the Governor. This will include long term care (LTC) crisis standards of care. Meetings are open to public comment. The guidelines are open for comment beyond the August 10 deadline.

Dr. Ballard noted as an example, that “first come, first served” is not an ethical distribution of scarce resources. Furthermore, an individual’s disability will *not* factor into a determination of the use of scarce resources. The only reasons a patient will be prioritized are lower probability of near term survival, or if the patient is a child or pregnant woman. The purpose of the SDMAC and the crisis standards of care plan is to ensure that clinical criteria, not value judgments, are employed.

Issues raised:

- Need for transparency and review of hospital plans prior to implementation
- LTC standards of care must include the needs of CFI participants
- Providers are encouraged to use telehealth consultative services for hospice care in LTC facilities.
- Psychiatric care/ED boarding. Crisis standards of care would heighten criteria for psychiatric hospitalizations, resulting in patients prematurely discharged from hospital ERs. Work is under way with SDMAC members Ken Norton (NAMI) and Lucy Hodder (UNH). H Stevens will obtain draft language from K Norton to send to MCAC (copy H Lipman and L Melby).

Motion: MCAC to sign on to the Disabilities Rights Center’s letter regarding the State Triage Committee Crisis, Standards of Care Clinical Guidelines (emailed to MCAC 8/6/20). M/S/A. P Minnehan abstained.

C Virtue will head up a subcommittee to review the long term care clinical care criteria.

For public notice of SDMAC meetings, see <https://www.dhhs.nh.gov/dphs/cdcs/covid19/crisis-soc-medical-ad-comm.htm>. Comments may be submitted on posted reports.

DHHS Legislative Update, John Williams, Esq., Director of Legislative Affairs

J Williams summarized health care legislation from the handout (emailed 8/7/20).

SB 684, relative to Medicaid to Schools. Authorizes the Dept of Education to adopt rules re: federal funds available to schools under the NH Medicaid program. Permits professionals certified by the Dept. of Education who are providing medical services in public schools to be licensed by the health care boards.

SB 715, relative to cost controls in long-term care. Incorporated into HB 578. Clarifies cost controls for long term care services.

SB 555, relative to telemedicine coverage and reimbursements. Incorporated into HB 1623, Section 3. Deals with parity for telehealth services through commercial insurers reimbursing for telehealth at the same level as services provided in the office; similar to reimbursement for Medicaid telehealth services.

HB 1623, relative to telemedicine and substance use disorder. Sections 5-11 amend Medicaid coverage of telehealth services by removing the prerequisite to establish care via face-to-face contact, provided the health care provider holds a special registration pursuant to 21 U.S.C. section 831(h), or is exempt from such registration. RSA 167:4-d is amended to (1) add a definition of "doorways" for Medicaid coverage of telehealth, and (2) require a health care provider to provide notification of medication-assisted treatment (MAT) via telehealth services.

HB 1707, expanding the family-centered early supports and services (FCESS) program to children under the age of 3 who are born substance-exposed. Incorporated into HB 1162, Section 43. Directs DHHS to administer a family centered early supports and services (FCESS) program for children from birth to age 3 who: (1) have an established condition that has a high probability of developmental delays; (2) are experiencing developmental delays; or (3) are at risk for substantial developmental delays if supports are not provided. All children under age three born substance exposed will be considered at risk for developmental delays and shall be referred to FCESS.

SB 685, establishing a wholesale prescription drug importation program. Incorporated into HB 1280, Section 6 establishes a program to import prescription drugs from Canada by or on behalf of the state.

Review/Approval: July 13, 2020 Minutes, Carolyn Virtue, Chair
M/S/A. K Rosenberg abstained.

SUD Waiver Amendment of Budget Neutrality Target, Henry Lipman, Medicaid Director

In 2018 DHHS applied to CMS for a waiver to exceed the standard limit of 15 days of coverage for purposes of federal match. The goal was to provide care in the least restrictive environment. NH will submit a future amendment to provide more flexibility and resources to deal with the psychiatric crisis.

The approved SUD waiver benefit was hypothetical, as the benefit had not previously existed. CMS allowed states to benchmark budget neutrality. The amendment revises the benchmark limit to reflect actual utilization of the SUD benefit, HB 4 rate increases, increased residential facility rates, and retroactive coverage previously not available. It addresses higher rate cells based on the distribution of individuals accessing the benefit. The data used for this amendment is pre-COVID and therefore does not reflect whether loss of coverage and transition to Medicaid are due to COVID.

Motion to support the SUD waiver amendment of the benchmark target. M/S/A.

Managed Care Open Enrollment, Shirley Iacopino, Laura Ringelberg, Medicaid Managed Care Operations
August 1 – 31, 2020: open enrollment; third week July: packets sent to members; first week of August: 900 new members enrolled and another 800 moved to another plan. Medicaid does not track reasons for which people migrate to a different plan.

H Lipman reported the following statistics from the start of the PHE, March 19 through August 3, 2020:

- Granite Advantage now has 17% more or 8,768 individuals
- Standard Medicaid now has 7.7% more or 9692 individuals
- Combined Medicaid now has 10.4% more or 18,460 individuals
- More children are covered - 5,811 additional low income children and 551 fewer children covered under CHIP
- The group that has grown the most as a percentage of the total is low-income non-disabled - 22.7% or 2,849 individuals
- More than half the growth is likely related to maintenance of effort (MOE) and holding many types of redeterminations due to the PHE.

The caseload is forecasted to reach a high of 215,000 individuals. A national firm projecting caseloads for all states estimated NH's caseload would grow by a low of 43,000 to a high of 105,000. This presents a budget problem, and according to a recent Kaiser Foundation report, the 6.2% enhanced FMAP is not projected to cover the increase in most states including New Hampshire.

As for churn-related changes, under MOE there is little to no churn other than deaths and out-of-state moves. Churn was previously 2000+/month. Pre-PHE applications were 1100/week as compared to 700-800/week now. Redetermination forgiveness will end the last day of the month that PHE is declared over.

Department Updates, Henry Lipman, Medicaid Director

- **MCO DME Coverage**

MCAC member Tamme Dustin met with DHHS leadership re: DME providers in Medicaid managed care networks and low reimbursement rates. There is a problem with rehab equipment codes and issues regarding sole source providers (any willing provider and out of state providers). Concerns include MCO oversight, as well as the appeal process if resolution is not reached. The next meeting with DME providers will be held in October and quarterly thereafter to provide feedback on codes, documents, etc.

H Lipman noted that at the inception of the MCM program, the state included an any willing provider provision to ensure access. HHS may need to provide additional guidance to MCOs around sole source and code issues.

- **1135 Waivers/COVID-19**

H Lipman reviewed the outline of 1135 COVID-19 waiver flexibility requests approved by CMS. While several have been utilized, others are not yet needed. These authorities terminate at the end of the PHE. Approvals include adjustments to the prior authorization process, waiver of PASRR, provision of services in alternative settings, waiver of provider licensure requirements, and waiver of certain provider enrollment requirements.

A request was made for data on new admissions to nursing facilities since the PHE. BEAS will provide the data at the September 14 meeting.

- **Department Website Improvement**

The Department's public facing website, <https://www.dhhs.nh.gov/>, will be redesigned to improve accessibility. The primary goal of the website redesign project is to create a citizen-centric website that is easier to navigate for all website visitors. A stakeholder focus group will guide this work, to include MCAC volunteers: J Routhier, H Stevens, R Rakowski, P Minnehan, L DiMartino. Alternate – C Virtue

- **Fee for Service Transportation**

A contract has been awarded to One Call, the transportation provider for Well Sense. Beginning June 1, transportation is being tracked. Approximately 99% completion of rides without issues. Key providers and children with special needs have been contacted, and reported to be going well. In September, NHHF is changing its transportation provider to MTM.

A side-by-side chart will be sent to members with contact information for each transportation company.
Sent 9/2/20.

Membership, Jonathan Routhier, Vice Chair

FY 2021 elections had been delayed.

- Membership committee proposes renewal of two organizational members retroactive to July 1, 2020. Kristine Stoddard, Bi-State Primary Care and Holly Stevens, New Futures.
M/S/A.
- Membership committee proposes replacement members for two vacancies: Peter Marshall, BIANH; Lisa Adams, Interim Healthcare representing the Home Health Alliance.
M/S/A.
- Membership committee proposes renewal of the Chair and Vice-Chair. Carolyn Virtue and Jonathan Virtue are both interested in continuing to serve. No other nominations were received.
M/S/A.

Agenda Items - September 14, 2020

- New admissions to nursing facilities since the onset of COVID
- Report on Medicaid spend in MCM categories
- Update of waiver data if significant changes